

WMC Retrospective Research Findings and Early Insights

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The program we are evaluating is with a major transportation company that operates nationwide. They have three major components to their substance abuse prevention and intervention programs. They have a managed health care provider with a managed behavior health care carve-out, a random drug testing program, and an EAP program. If you are found positive by random drug test, you are automatically sent into the EAP program and monitored in the future. If you are positive a second time in a random drug test, you are terminated.

The third part of the program began in the late 1980s and really, in 1987, 1988, when a group of unions signed agreements with the company, setting up a peer-intervention program. This is a company where, for most employees in the company, an unexcused absence is a violation subject to arbitration and considered very serious. More than, I think, two of those, you are terminated.

The unions agreed with management that they would set up a peer-intervention, where employees could call in and mark off and avoid a non-excused absence. If they showed up on the job under the influence of alcohol or drugs, a co-worker could take them aside and get them to mark off, and they would be excused from duty that day. Then somebody in the peer program would come and talk with them, evaluate whether they had a problem, try to get them into treatment, or help them to deal with the problem if they had a problem.

The peer program is really 150 different programs across the country, divided into six regions. They meet four times a year. They train a third of the entire work force in corporations in how to recognize that a peer had a substance abuse program and help them deal with it. In some ways, that's a very non-threatening way of delivering a message to those who had a problem that the company would no longer tolerate the problem; that the unions would no longer tolerate the problem; and that

there was a new deal in town, a new culture in town -- this in a company where drinking on the job had once been something that union brothers would help cover up.

The results that we've been able to look at so far are in terms of injury rates. One of the things you try to look at when you look at rates is, the rate of what? You can look at rates-per-employee, at a transportation company you can look at rates-per-vehicle mile, you can also worry about rates-per-revenue mile, which is a little different. If it's a transportation company, they are either going to be hauling freight, in ton-miles, or they are going to be hauling passengers, and you will see passenger miles.

We look at employee injuries. We looked at a program in '86, '87, where the injuries were pretty flat. Towards the end of '87, the union signed the contract with the company. In '88 they started to roll the program out in the Southwest and gradually moved it across the United States in 1992. You can see that employee injuries pretty steadily drop. They come up a little in thousand revenue miles here again, but there is a reason for that because as yet, I don't have the number of employees in the company. We know that somewhere in here the number of employees started changing some. As we get different exposure data, this will look a little different. But basically, once it is rolled out, they managed to sustain it.

If we look at non-employee injuries per thousand-revenue-miles, that's things like people who are involved in crashes with your vehicles, but who don't work for the company. We only have data on that from 1990 onward because reporting systems weren't sufficient until then. Remember they are rolling this program out in 1990, '91, '92. You can see a very steep drop, about a one-third drop in that time period, that's been sustained ever since. This program continues to be very vital, because they have quarterly meetings, because they have a lot of employees trained and enthusiastic, and because they have team captains and group captains. That creates a spirit and an environment in the company. It seems to work, and it seems to reduce, at least one of the things that we think is normally linked to substance abuse.

Thank you.